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TO

NAME: Ms. Lovelace

FIRM: USPTO

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FAX NO: 763 305 7115

PAGES (INCLUDING COVER): 5

ORIGINAL TO FOLLOW IN MAIL:

☐ Yes ⊠ No

FROM

NAME:

Michael P.F. Phelps, Esq.

FLOOR:

DIRECT DIAL:

703-714-7472

MESSAGE

Regarding application 409/970,704 (Docket # 53394.530)

IF PROBLEM WITH TRANSMISSION, PLEASE CONTACT OPERATOR AT 703-714-7472.

OPERATOR

DATE:

April 11, 2003

TIME:

CLIENT/MATTER NAME:

CLIENT/MATTER NO .:

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Ms. Lovelace:

That you for the call this morning. I have reprinted the entire "Amendments to the Claims" Section, Including the amitted claim 30, which was previously withdrawn from cusichration.

Please let me know if you need oughling else. My direct dial phone number 1s porided above.

Sincerely.